### Real Property Records

Date last updated: Friday, December 19, 2003

### SDMS Document ID 1052073

### Real Property Search

If you have a question about the value, ownership, or characteristics of this property, or any other property in Denver, please call the Assessor at 720-913-4162.

Link to property tax information for this property

Link to property sales information for this neighborhood

Link to property sales information for all Denver neighborhoods

#### PROPERTY INFORMATION

Property Type: Residential

Name and Address Information

CASTILLO, MINERVA R

3315 CLAYTON ST DENVER, CO 80205

Property Address:

Parcel: 0225241008000

Legal Description

L 19 & 20 & N1/2 OF L 18 BLK

11 MCKEES ADD RESIDENTIAL

**DENV** 

Tax District

3315 CLAYTON ST

Assessment Information

|              | Actual | Assessed | Exempt | Taxable |
|--------------|--------|----------|--------|---------|
| Current Year |        |          |        |         |
| Land         | 32500  | 2590     |        |         |
| Improvements | 105400 | 8390     |        |         |
| Total        | 137900 | 10980    | 0      | 10980   |
| Prior Year   |        |          |        |         |
| Land         | 25300  | 2320     |        |         |
| Improvements | 80000  | 7320     |        |         |
| Total        | 105300 | 9640     | 0      | 9640    |

Style: One Story

Year Built: 1952

Building Sqr. Foot: 916

Bedrooms: 2

Baths Full/Half: 1/0

Basement/Finished: 0/0

Lot Size: 8,300

Zoning: R2

Reception No.: 0000168780

Recording Date: 10/08/98

Document Type: Death Cert-Recorded

Sale Price:

Mill Levy: 59.855

1049

Web Ticket Entry

Χ

Inq New Update Test Cancel Reset Exit Ticket # 0000174445-000 has been queued! 04/08/04 09:17:51 AM NEW INSERT

Ticket 0000174445 Date 04/08/2004 Time 09:17AM

Oper **JWL412673303** 

Rev 000 NEW GRID

Old Tkt 0000174445 Date 04/08/2004 Time 09:17AM Oper JWL412673303 Chan WEB

Phone 303-487-0377 Ext

Caller JASON LYNCH

Email JLYNCH@PROJECTRESOURCESING.COM

Company PROJECT RESOURCES

Fax 303-295-0990

Address 10 E 55TH AVE

City **DENVER** 

State CO Zip 80216

Alternate Contact TODD MYERS

Phone **3034870377** 

Ext

Done for CORPS OF ENGINEERS / EPA

Work type SOIL EXCAVATION TO A DEPTH OF 12 INCHES F

Explosives N Boring N

Meet time requested N

St CO Cnty DENVER

Place **DENVER** 

Addr From 3315

Street CLAYTON STREET

Nearest Intersecting Street

Latitude Longitude

Location ENTIRE RESIDENTIAL PROPERTY FROM THE CURB ONTO THE PROPERTY AT THE ADDRESS LISTED-SOIL EXCAVATION TO A DEPTH OF 12 INCHES

The locate will be completed between 04/08/04 09:17:51 AM and the end of the day 04/12/2004

Grids (T/R/S) 03S068W25NW

Members ATCT01 CMSDC00 CMSDD14 PCND00 PSND14 QLNCND00 QLNCND14 TCHAM2 WCG01

Members - these will be notified by the center

PCND00 XCEL ENERGY

CMSDC00

XCEL ENERGY

PSND14 XCEL ENERGY---APPT FILE

COMCAST-CATV

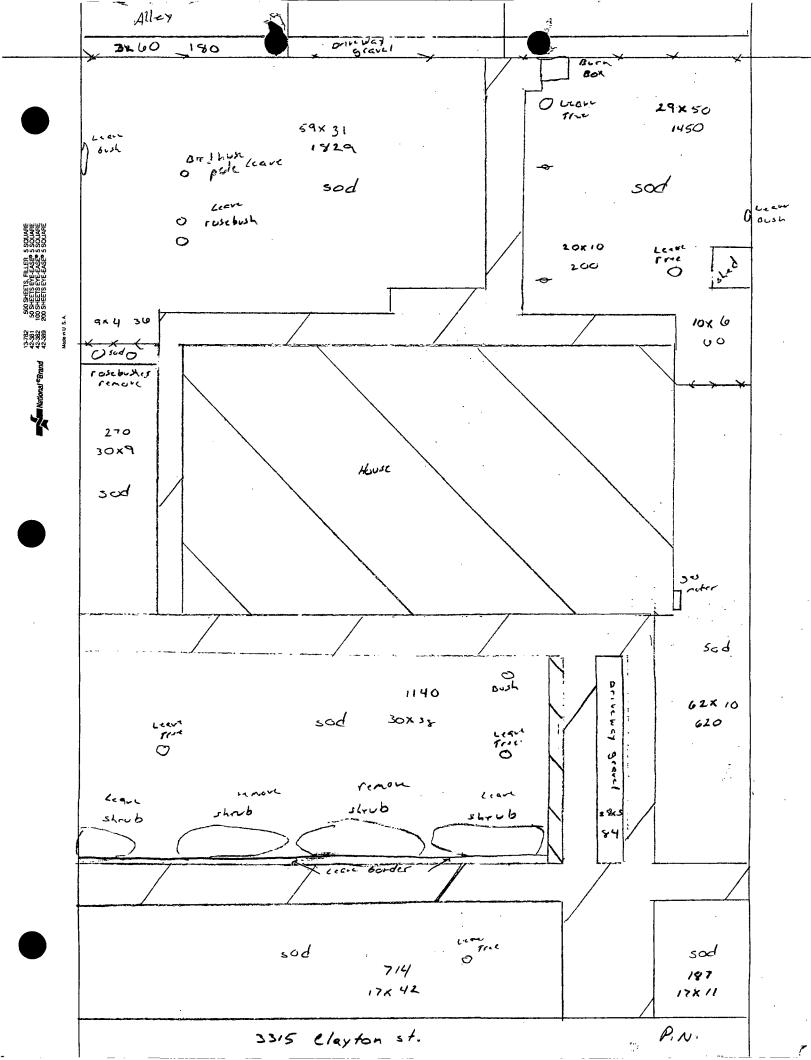
XCEL ENGY--APPT SCHEDULE-- UQ

COMCAST-CATV/UO

| PSND14   | XCEL ENERGYAPPT FILE                | XCEL ENGYAPPT SCHEDULE UQ  |
|----------|-------------------------------------|----------------------------|
| QLNCND14 | QWEST LOCAL NETWORKAPPT. SCHED.     | QWEST LOCAL NETWORK        |
| QLNCND14 | QWEST LOCAL NETWORKAPPT. SCHED.     | QWEST LOCAL NETWORK        |
| WCG01    | WILTEL COMMUNICATIONS LLC           | WILTEL COMMUNICATION       |
| QLNCND00 | QWEST LOCAL NETWORK                 | QWEST LOCAL NETWORK (UQ)   |
| TCHAM2   | TOUCH AMERICASOUTHERN COLORADO AREA | TOUCH AMERICA (FIBER)      |
| QLNCND00 | QWEST LOCAL NETWORK                 | QWEST LOCAL NETWORK (UQ)   |
| CMSND14  | COMCAST-APPT. SCHED.                | COMCAST-CATV/UQ            |
| PSND14   | XCEL ENERGYAPPT FILE                | XCEL ENGY APPT SCHEDULE UQ |
| PCND00   | XCEL ENERGY                         | XCEL ENERGY                |
| CMSDC00  | COMCAST-CATV                        | COMCAST-CATV/UQ            |
| CMSND14  | COMCAST-APPT. SCHED.                | COMCAST-CATV/UQ            |
| PCND00   | XCEL ENERGY                         | XCEL ENERGY                |
| ATCT01   | AT&T                                | AT&T                       |

### TIER2 MEMBERS - you must notify these members yourself

| DTEO01 | DENVER TRAFFIC ENGINEERING OPERATIONS | DNVR TRAFFIC ENG OPERAT. | 720-865-4001 |
|--------|---------------------------------------|--------------------------|--------------|
| DNVH20 | DENVER WATER DEPARTMENT               | DENVER WATER DEPT        | 303-628-6666 |
| WWMG01 | WASTEWATER MANAGEMENT DIVISION        | WASTEWATER MGMT DIVISION | 303-446-3744 |
| DNVPR1 | DENVER PARKS AND RECREATION           | DENVER PARKS & REC.      | 303-698-5523 |







- Remove obstructions including boats, trailers, vehicles, playscape items, wood piles, dog houses, etc;
- Remove flower bulbs or plants that the Grantor or the Grantor's tenant may wish to save;
- Water and maintain replacement vegetation, including fertilizer application, as necessary subsequent to an initial watering period by EPA, unless watering is restricted by Denver Water Board;
- Abide by health and safety guidance provided by EPA;
- If the property is rented, assist EPA in obtaining tenant approval for access to the property to perform the work if EPA is unable to obtain such access; and
- Allow videotaping and/or photography of the property including exterior and interior areas of buildings.

### AGREEMENT NOT TO INTERFERE

The Grantor agrees not to interfere or tamper with any of the activities or work done, or the equipment used to perform the activities, or to undertake any actions regarding the use of said property which would tend to endanger the health or welfare of the Grantees or the environment, or to allow others to use the property in such a manner.

Should you have any questions about this program, please contact Jennifer Chergo, EPA, at (303) 312-6601.

| grant access to my                                               | properties | ☐ I do not grant acces | s to my properties |  |
|------------------------------------------------------------------|------------|------------------------|--------------------|--|
| Minera P.                                                        | Pastillo 1 | - 3-04                 |                    |  |
| Signature                                                        | Date       | Signature              | Date               |  |
| 3 <i>0</i> > 35                                                  | 5-080      | ) (                    |                    |  |
| I would like to be present during any sampling that is required. |            |                        |                    |  |

Page 2 of 2





- Remover obstruciónes que incluye botes, remolque, vehículos, jugetes de niños, montones de madera, casas de perros, etc.
- Remover de bulbos de flores, o otras plantas que el Otorgante o inquilino del Otorgante quisiera guardar;
- Regar y mantener reemplazo de vegetación, incluso la aplicación de fertilizante, como es necesario subsecuente de la riega inicial por el EPA, a menos que regando está restringido por la Junta de Agua de Denver.
- Permanecer por la guia de Salud y Seguridad proveido por el EPA;
- Si la propiedad está rentado, asiste el EPA a obtener la aprobación del inquilino para acceso a la propiedad a llevar a cabo el trabajo, si el EPA está inhábil a obtener acceso; y
- Permitir a hacer un video y/o tomar fotos de la propiedad incluyendo los areas exterior y interior de edificios.

#### ACUERDO A NO INTERFERIR

El Otorgante está de acuerdo a no interferir o meterse en cualquier actividades o trabajo hecho, o el equipo usado a llevar de cabo los actividades, o hacer cualquier acciones en respecto de la usa de dicho propiedad que podría arriesgar la salud o bienestar de los Cesionarios o el medio ambiente, o permitir otras personas a usar la propiedad en alguna manera.

Si tiene preguntas sobre este programa, por favor contacta Jennifer Chergo, EPA, (303) 312-6601.

| ☐ Si yo permito a | cceso a mi propiedad       | ☐ No permito acce        | eso a mi <sub>s</sub> propiedad. |
|-------------------|----------------------------|--------------------------|----------------------------------|
| Firma             | Fecha                      | Firma                    | Fecha                            |
| Me gustaría se    | er presento durante de cua | lquier colleción de mues | stras.                           |
|                   | Dá air                     | on 2 of 2                |                                  |
|                   | Pagir                      | na 2 of 2                | 104                              |

Minerva Castillo 3315 Clayton St. Denver, CO 80205-4231







80216/9999

VB/I-70 Command Post 55 E. 55th Avenue Denver, CO 80216

Holdmiddiddddddddddddddddd



### **Property Completion Agreement**

This agreement documents the completion of remedial activities performed on my property. My signature will designate that I am satisfied with the restoration of my property, and that no items are in questions, now, or at any time in the future, except those items listed below, if any.

| Property ID: 1049                                                                            |                        |         |
|----------------------------------------------------------------------------------------------|------------------------|---------|
| Property Address: 3315 Clauron                                                               |                        |         |
| Owner: Minorina Cast                                                                         | Ila                    |         |
| Phone: 303-355-0801                                                                          |                        |         |
| Restoration Items in Question:                                                               |                        |         |
| Item:  Fix post (< lothes                                                                    | line) and put          | line up |
| Item: front side wark by                                                                     | OKEN                   |         |
| Item:                                                                                        |                        |         |
|                                                                                              |                        |         |
| Additional Comments:                                                                         |                        |         |
| I agree restoration is completed, except as noted                                            |                        |         |
| I do not agree restoration is completed .                                                    |                        |         |
| I agree that the sprinkler system is working properly following reinstallation by contractor |                        |         |
| minera R Pastillo                                                                            | Parly                  | 5/3/04  |
| Owner's Signature Date                                                                       | Contractor's Signature | Date    |

### **Property Access Checklist**

| Property ID: 1049                   |             | ☐ WORK STARTED ON://_ ☐ WORK COMPELTED ON://_ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|-------------------------------------|-------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Property Address: 3315 Clay +81     |             |                                               | COMPELTED ON:/_/_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                     |             |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Property Owner: MINERYA CAS         | +1110       | Property R                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Mailing Address:                    |             | Home Phon                                     | ne:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 3315 Clayton St                     |             | Fax:                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|                                     |             | Cell/Pager:                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Home Phone: 303 355 -08             | 01          | Additional                                    | Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Fax:                                |             |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Cell/Pager:                         |             |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|                                     |             |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Notification Letter                 |             | 115103                                        | ——————————————————————————————————————                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Access Agreement                    | <del></del> | 13104                                         | By: Minerva Castillo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Restoration Agreement               | Signed: 1   | 113/04                                        | By: Minerva castilla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| ☐ Topsoil Sampling (if applicable)  |             | _'                                            | Ву:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| ☐ Disposal Sampling (if applicable) | //          |                                               | By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Garden Sampling (if applicable)     | /           |                                               | Ву:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Utility Clearance                   | Called: / / |                                               | Ву:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Video/Photos (Before)               | On: 1/13/04 |                                               | By: T. myers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| ☐ Video/Photos (During)             | On://       |                                               | By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| ☐ Video/Photos (After)              | On:/        |                                               | Ву:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| ☐ Video/Photos (30-Day)             | On://       |                                               | Ву:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| ☐ Property Completion Agreement     | Signed://   |                                               | Ву:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| ☐ Final Report                      | Issued: / / |                                               | By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Air Monitoring (as applicable)      |             |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|                                     | 11_         | By:                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Results:                            |             |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Community Crew On://_               |             | By:                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Results:                            |             |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Community Crew On:                  | 11          | By:                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Results:                            |             |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|                                     | <del></del> |                                               | <del>alanda il 1999, produce de la comprese de la compr</del> |  |

### **Restoration Agreement**

The purpose of this agreement is to provide a mutual agreement as to conditions of property prior to remediation activities. This will also serve as decontamination for the purpose of assuring that restoration activities are completed to the satisfaction of the property owner and the United States Environmental Protection Agency (EPA).

| Property ID: 1049                 |
|-----------------------------------|
| Property Address: 3315 Clay to 5+ |
| Owner: Mingrua CAStillo           |
| Phone: 303 355-0801               |

On the attached diagram(s) indicate area(s) to excavated and depth of excavation, location of all known utilities, subsurface features, surface structures and landscaping features, access location(s) to be used by contractor, and the direction of North. Indicate distances, depths, material types, etc. Indicate digital photos by referencing the photo-log number with an arrow indicating direction of view.

## Items To Be Removed By Owner Before Start Of Remediation: (Use additional sheets as necessary)

The removal, storage, disposal, and/or return of these items is the Owner's responsibility.

| Item:                             |
|-----------------------------------|
| Brick trim ground two rose bushes |
| Item: on side of house            |
|                                   |
| Item:                             |
| Small dog nouse in back yard      |
| Item:                             |
| Two flower planters in back yard  |
| Item:                             |
| Small misc items against house    |
| tem: 10 backyard.                 |
|                                   |
| Item:                             |
|                                   |
| Item:                             |
|                                   |
|                                   |

## Items To Be Removed By Contractor During Remediation And Not Replaced (Use additional sheets as necessary)

| Item: | 1                                                                                                    |
|-------|------------------------------------------------------------------------------------------------------|
|       | middle section of shrubs in                                                                          |
| Item: | front yard - see sketch -                                                                            |
| Item: | front yard - see sketch - can tell it is a different  type than the two shrubs on either side of it. |
| Item: |                                                                                                      |

Project Resources Inc.

## Items To Be Removed By Contractor During Remediation And Replaced (Use additional sheets as necessary)

| Item: | 40.4  | fire  | C+ ~ \( \cap \) |         | PCP 5 | + +    |      |
|-------|-------|-------|-----------------|---------|-------|--------|------|
| Item: | to    | 500 M | Pick            | of u    | P -   | side à | need |
| Item: |       | 7     |                 |         |       |        |      |
| Item: | - 1 1 |       |                 |         |       |        |      |
| Item: |       |       |                 |         |       |        |      |
| Item: |       |       |                 |         |       |        |      |
| Item: |       |       |                 |         |       |        |      |
| item: |       |       |                 |         |       |        |      |
| Item: |       |       |                 | <u></u> |       |        | :    |
| ltem: |       |       |                 |         |       |        |      |
| item: |       |       |                 |         |       |        |      |
| item: |       |       |                 |         |       |        |      |
| item: |       |       |                 |         |       |        |      |
| Item: |       |       |                 |         |       |        |      |
| Item: |       |       |                 |         |       |        |      |

# Landscape Inventory (Use additional sheets as necessary)

| Item                                                                                                     | Quantity      | Unit           | Description/Explanation           |
|----------------------------------------------------------------------------------------------------------|---------------|----------------|-----------------------------------|
| Total Area Of Property To<br>Be Excavated                                                                | 6770          | Square<br>Feet | Sec Sketch                        |
| Number of trees > 2 inch trunk diameter                                                                  | Five          |                |                                   |
| Number of trees < 2 inch<br>trunk diameter                                                               | 1             |                | Bush in front<br>yard-leave       |
| Number of Sprinkler Zones, Control Valves, Timers, Heads, etc.  Attach a sketch of the sprinkler layout. | NA            |                | Zones:A  Heads:A  Control Valves: |
| Number of and total size of all gardens / flower beds.                                                   | # Of Beds:    |                | Ft2 Of Beds: 3 Rose bushes        |
| Attach a sketch of relative sizes and locations.                                                         | # Of Gardens: |                | Ft <sup>2</sup> Of Gardens:       |

### Project Resources Inc.

| ltem                                                                                                                                                                           | Quantity                        | Unit | Description/Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Agreed upon value of plant materials not to be replaced by contractor.  Note this value will be used to issue a plant voucher to the property owner.                           | Total # Of Beds:                | \$   | Total Ft <sup>2</sup> Of Beds To Be Replaced With Certificate:  3 Rose Bushes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Agreed upon list of plant materials that will be replaced by contractor. Be very specific and detailed.  Include a sketch of were each plant will be placed by the contractor. | NJA                             | Each | Only Use For Plants That Are Being Saved and Replanted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Agreed upon area of property to be replaced with grass sod.  Include a sketch of the area(s) to be replaced with grass sod.                                                    | 6506                            | SF   | Total Ft <sup>2</sup> Of Sod To Be Laid: 6506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Area of City or County property to be landscaped per their requirements.  Include a sketch of the area (s)                                                                     | Total Ft <sup>2</sup> :         | SF   | Sod:                                                                                                                                                                                                    |
| Agreed upon area of property to be replaced with mulch.                                                                                                                        | Total Ft <sup>2</sup> Of Mulch: | SF   | Red:   M   A   Brown:   M   A   A   Brown:   M   A   A   Brown:   M   A   A   A   A   A   A   A   A   A |

### · Project Resources Inc.

| Item                                                 | Quantity                                      | Unit | Description/Explanation                                                     |
|------------------------------------------------------|-----------------------------------------------|------|-----------------------------------------------------------------------------|
| Agreed upon area to be replaced rock.                | Total Ft <sup>2</sup> Of Rock:                | SF   | Large: $N/A$ Medium: $N/A$ Small (pea gravel): $N/A$ Driveway Gravel: $264$ |
| Agreed upon area to be replaced with no groundcover. | Total Ft <sup>2</sup> With No<br>Groundcover: |      | NA                                                                          |

#### **Additional Comments / Instructions:**

owner may need neith moving a few small items prior to

Project Resources Inc.

|                        | Additional Comments / I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nstructions Continued:    |                                             |
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| pre-existing damage. E | mer does not want PRI to one of the control of the | s not responsible for any | on walls and possible<br>damage done to the |
| ☐ I agree              | ☐ I do not agree                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ☐ I agree                 | ☐ I do not agree                            |
| Muner's Signature      | Caetillo<br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Contractor's Signature    | 1/15/04<br>Date                             |

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### U.S. Environmental Protection Agency Vasquez Boulevard I/70 Superfund Site Replacement Certificate

| Property Owner                 | Minerva Castillo |
|--------------------------------|------------------|
| Property Address               | 3315 Clayton St. |
| Property Identification Number | 1049             |

| Material Removed              | Quantity | Unit Price | Replacement Value |
|-------------------------------|----------|------------|-------------------|
| Flower bed area (square feet) |          | \$ 2.50    | \$                |
| Itemized plants               |          | \$7.00     | \$                |
| Itemized<br>shrubs/bushes     | 3        | \$12.00    | \$36.00           |
| Total                         |          |            | \$36.00           |

The acceptance of the replacement certificate and the signature below is full acknowledgement by the property owner that this is a fair and reasonable compensation for plant materials removed during remediation activities, but not planted or installed by the government or it's contractors.

The total amount of \$36.00 has been received by the owner in the form of a replacement certificate, #13134 , to be utilized at Paulino's Gardens, 6300 N. Broadway, Denver, CO 80216.

Property Owner's Signature

Date

Contractor's Signature

Date

513104

### **TARGET SHEET**

# EPA REGION VIII SUPERFUND DOCUMENT MANAGEMENT SYSTEM

DOCUMENT NUMBER: 1052073

| SITE NAME:            | VASQUEZ BOULEVARD AND I-70                                                         |
|-----------------------|------------------------------------------------------------------------------------|
| DOCUMENT DATE:        | 05/03/2004                                                                         |
|                       |                                                                                    |
| Due to one of the fo  | DOCUMENT NOT SCANNED Illowing reasons:                                             |
| ☐ PHOTOGRAPHS         |                                                                                    |
| ☐ 3-DIMENSIONAL       | •                                                                                  |
| ☐ OVERSIZED           |                                                                                    |
| ☑ AUDIO/VISUAL        |                                                                                    |
| ☐ PERMANENTLY         | BOUND DOCUMENTS                                                                    |
| ☐ POOR LEGIBILIT      | T <b>Y</b>                                                                         |
| ☐ OTHER               |                                                                                    |
| ☐ NOT AVAILABLE       |                                                                                    |
|                       | IMENTS NOT TO BE SCANNED<br>Data Validation, Sampling Data, CBI, Chain of Custody) |
| DOCUMENT DESCR        | RIPTION:                                                                           |
| 1 - DVD OF PROPERTY D | PERTY VIDEO, PROPERTY #1049<br>ATA CD                                              |
|                       |                                                                                    |
|                       |                                                                                    |